

THE CHIRONIAN

PUBLISHED SEMI-MONTHLY BY THE STUDENTS OF THE HOMŒOPATHIC MEDICAL COLLEGE.

VOLUME II.

NEW YORK, MARCH 10TH, 1886.

NUMBER 9.

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Per annum, in advance, \$1.50. Single copies, 15 cents.

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Alumni, Professors and Undergraduates are asked to contribute to our columns. All articles must be signed by the name of the writer.

The editors are not responsible for opinions of contributors. Subscriptions taken at the College. Single copies may be obtained in the "Students' Room."

All remittances by mail should be made to the Business Manager, at the College.

THE CHIRONIAN will be sent until ordered discontinued.

WE print in another place a communication from the General Secretary of the American Institute of Homœopathy in regard to the next annual session. Saratoga, the selected place of meeting, is most suitable for such a convention. For the Eastern members of the Institute it possesses the merit of convenience and easy accessibility. It is to be hoped that many who are not now connected with this great national body will forward their applications for membership at once. Much good can be accomplished by such an organization, but it goes without saying that its influence increases in direct proportion to the number of active members.

The objects of the American Institute are too well known and to highly esteemed to need any explanation or endorsement from us.

ABOUT this time of the year the country doctor who wishes to remove to the city, the city doctor who desires to go to the country, and the doctor who has failed to gain a livelihood, each and all become desirous of dis-

posing of their practices. They wish to convert their "good will," their office furniture and their residence, if they have one, into hard cash, and the new graduate is the man expected to perform the transformation. Our bulletin board becomes completely covered with offers of all sorts, and they overflow onto the walls, the doors and the casings and litter the floors. The question that agitates the mind of a prospective graduate of '86 is just how much to take for granted and what to investigate. Many of these offers are bona fide and worth thinking of, but probably some are snares.

WITH each passing day the end draws nearer. Few and short are the weeks that remain of this session. In a little while we shall be engaged in a desperate hand-to-hand struggle with the faculty and censors. For three years we have been looking forward with undisguised pleasure to the success we hope will follow our efforts then. But as the time draws on the pleasure with which we have looked forward is lost and swallowed up for the time being in an overwhelming sense of regret that the jolly fun, the quiet rivalry for standing, and the pleasant companionships of college life are so nearly at an end. While we do not wish to shirk the responsibilities of active life, it is with considerable shakyness of the knees that some of us contemplate the future. It is one of the peculiarities of the constitution of the human mind that it does not often receive the fullest impression of a pleasurable sensation until about to be deprived of it. We have scarcely realized how much of thorough enjoyment we were getting out of our college course until now. And now the end of it all is upon us.

INTOLERANCE of the beliefs of others is either because of ignorance and mental incapacity or is the result of wilful and persistent

refusal to allow competent investigation. Active partisanship is generally joined with bigotry. That this is so is owing to the insufficient grounds upon which belief is founded. If the premises are erroneous the conclusions will inevitably be misleading. If the evidence be not duly and truly weighed and sifted the verdict will be a perversion of justice. To judge on insufficient evidence or to nourish belief by suppressing doubts and avoiding investigation is criminal. The question of right and wrong has to do with the origin of belief, not the matter of it; not what it was, but how it was obtained; not whether it turns out to be true or false, but whether the belief was justified by the evidence presented. Men may sincerely and conscientiously believe certain things and yet have no right to believe on such evidence as is before them. Their sincere convictions, instead of being acquired by patient investigation, are stolen from them by prejudice and passion. No man, holding a strong belief on one side of a question—or even wishing to hold a belief on one side—can investigate it with such fairness and completeness as if he were really in doubt and unbiased; so that the existence of a belief not founded on fair inquiry unfits a man for the performance of this necessary duty. As religion has suffered through the misdirected efforts of zealots and fanatics, so medicine has been cursed with extremists and bigots. Prejudice is their guide and counselor and vilification their sole weapon of defense. Encased in a triple mail of self-conceit, they pose as the sole depositories of medical truth. The search for truth is abandoned in vainly endeavoring to sustain their untenable position. In other words, egotism reigns. We commend to these gentry the famous aphorism of Coleridge: "He who begins by loving Christianity better than Truth, will proceed by loving his own sect or church better than Christianity, and end in loving himself better than all." To even attempt to argue with these ranters is folly—to notice them is to give them too much honor. But a good God, it may be remembered, has promised to reward the fool. Intolerance disfigures the pages of medical journals. Little men ape departed greatness, dis-

honor the school which shelters them and impose upon the credulous. Nor does the credulous man escape all blame in the matter of beliefs. The credulous man is father to the liar and the cheat; he lives in the bosom of his family, and it is no marvel if he should become even as they are. Inquiry into the evidence of a doctrine is not to be made once for all, and then taken as finally settled. It is never lawful to stifle a doubt—for either it can be honestly answered by means of the inquiry already made, or else it proves that the inquiry was not complete. Whoever would deserve well of his fellows will guard well the purity of his belief, and believe only upon good and sufficient evidence.

Materia Medica.

THERE is still prevalent to a limited extent the idea that Homœopathy is not to be relied upon except in mild cases of disease.

This is seen most frequently in country practice, especially where our system of medicine is not represented by a strong and vigorous man. If these weak and yielding men of our own belief could be crowded to the wall and smother their influence in their merited defeat, perhaps no one would regret their fall.

People think that medicine cures, and they reason that the more medicine, the more rapid and satisfactory the cure.

Indeed, the doctor's ability is often measured by the amount of medicine he arranges in order before his patient.

Now, it would seem that larger doses are contra-indicated in just those extreme cases where people are so apt to think that nothing is being done unless a large amount of medicine is given.

When the vital forces are nearly extinct, when they have feeble hold of the body, a sudden and violent reinforcement is prone to tip the balance fatally.

The amount of resisting power in the body at a given time depends upon the amount of vitality of the natural forces at that time in the economy,

and if in a case of extreme exhaustion too much even of the truly appropriate drug is given, the weakened forces are overpowered in their efforts to dispose of it, and they abandon the attempt in despair. And who can say that nature alone would not have stood against the disease if an extra burden had not been cast upon her?

If, on the other hand, the remedy had been given cautiously and in small amounts the forces of life, not being extinguished by a deluge of aids, would be strengthened and their capacity for stimulation and help increased and soon the processes of life would go on unaided.

Every drug taken produces its peculiar effect; it causes its drug disease, with which the economy must wage war. Each administered medicinal substance may act on its chosen class of tissues either as a defensive or an offensive agent—defensive if the tissue has undergone change by morbid influence, offensive or destructive if the tissues are normal; so the persistent giving of drugs or the giving of large doses, while seemingly simple, may be a matter of no mean importance.

Men of all schools are coming to the conclusion that too much medicine has been given.

Prominent old school operators now declare a 1-2000 sol. of corrosive mercury too strong for liberal use as a wash to cleanse a wound, stating that it often causes severe enteritis. Prescriptions ordered now by allopaths, instead of containing 150 different ingredients, as formerly, are more simple, and the tendency is to give antidotal substances, or, at least, to give more of the vehicle and less of the drug.

Physicians are coming to realize that drugs cannot take the place of nature, that medicines without nature are of no avail, and that remedies to be of service must act in union with the vital forces.

Certain physicians of our school, who are eminently successful, claim that only one remedy is needed at any certain time in the course of a disease. They believe that by a careful study of *materia medica* a drug can be chosen which more clearly than any other shall represent the totality of the symptoms presenting.

The men who prescribe after this manner are

men who have entered exhaustively into the study of drugs, and having arrived at a positive knowledge of what medicines will do, dislike to alternate, but prefer to make a careful prescription and change it only as the symptoms change. On the other hand, there are men perhaps equally successful, equally conscientious and with vast experience, who take the ground that two drugs may be indicated at the same time in the progress of disease.

Their opinion is founded upon the belief that two distinct diseases may occur in the body together, that the pathology and symptomatology of these diseases differ, and therefore they demand treatment adapted to each.

It is further held that two drugs can work side by side in the body, each doing its characteristic work.

This method of applying drugs, well brought out, entails careful and critical study, for pathology must be considered, it must be decided that two distinct morbid processes are in the system, and finally only the indicated remedies are to be given.

This method does not tolerate random alternation, it does not countenance shiftless mixing of drugs, born of stupidity or laziness, but it demands that two drugs shall be given, not because the prescriber is unable to decide which is indicated the more, but because there are two distinct spheres of action for the drugs.

Now, whether we believe that simply one drug should be given, only changing the remedy as the symptoms change, or whether alternation seems more applicable in certain cases, let us learn to be conscientious prescribers, let us remember that *nothing* is better than the wrong drug, let us leave the halls of our college with zeal for investigation, with a determination to *work* and a worthy ambition to stand in the front ranks of our profession. In this way only will medicine, with us, be a success, and in this way will our system of medicine command the respect of all.

"IN intermittent fever do not try to kill the germs, but remove the symptoms and let nature remove the germs."

T. F. ALLEN.

Surgery.

Hahnemann Hospital.

BY E. B. WITTE.

SINCE the time that Hahnemann forsook the old-school system of medicine; or since the time he was ostracized from the medical society of Germany and launched upon a new sea of medical adventure; since the time he discovered and established a new system of therapeutics—a war of bitter antagonism and reproach has been waged against him and his school. The bitterness of the attack, and the scorn with which Hahnemann and his followers are held by allopathists, is only equaled by their ignorance of his teachings. This storm of fury against the homœopathic system of therapeutics has somewhat subsided however, and the wild billows of contempt have been broken against the firm rock of scientific truth. But not content with this unsuccessful endeavor to crush Homœopathy, our old-school brethren have changed their tactics and, in an obloquious manner, charge that there is no surgery in the homœopathic school. Here, again, they will meet with bitter disappointment, as the homœopathists are strongly fortified by a brilliant array of eminently successful surgeons, who stand without peers in any school of medicine. The homœopathic school has not only a large number of excellent surgeons, but has many well-conducted hospitals. The most prominent one of these, and the one with which we are best acquainted, is the Hahnemann Hospital of New York City. This hospital building is situated on the corner of Sixty-eighth street and Madison avenue. It is a beautiful brick structure with brown stone trimmings. This institution is capable of accommodating about one hundred patients. It is fitted up with an excellent library, parlors and dining-rooms, and everything that will conduce to the pleasure of patients and their more rapid recovery. Through the energy of the efficient house surgeon, Dr. F. S. Fulton, and the coöperation of the excellent board of managers, great improvements have lately been made in

various ways about the premises. The operating room has been equipped with a large number of new instruments and a very neat instrument cabinet. The facilities for antiseptic treatment have been greatly increased—and, indeed, the arrangement for antiseptic irrigation cannot be excelled in any hospital. Four large glass flasks, filled with different carbolic acid and chloride of mercury solutions, are situated above and in front of the operating table; and a very convenient and ingenious arrangement for elevating and lowering the irrigating tubes during an operation is employed, which also suspends them out of the way when not in use. The operating room is one of the largest and, we doubt not, one of the best equipped, in the country.

A novel and interesting feature in this hospital is the provision recently made for the treatment of children. There has been started a children's ward, which, when completed, will be one of the most attractive wards ever opened for unfortunate little ones. Already a number of children have been brought for treatment, and one was brought across the continent from Washington Territory to avail herself of the skill of our professor of surgery.

At the side of the main hospital building has been built a beautiful little ovarian cottage. This is the only institution of the kind in the world, and owes its existence to the energy and liberality of Prof. Wm. Tod Helmuth. This little cottage is designed particularly for ovarian operations and the care of the patient after the operation. It is a bright, cheerful and comfortable little cottage, replete in every department. The operating room is well nigh as complete as the one in the general hospital. Since the erection and completion of this building a large number of ovariectomies have been performed, and, we believe, every case recovered. This hospital is almost exclusively devoted to surgical work, and the success of the operations performed is simply wonderful. The following from the report of Dr. Fulton, the House Surgeon, will give some idea of the work done at this institution:

"Though during the summer and early fall there is much less surgery done than at any other time in the year,

still from the beginning of July to the middle of October there have been over forty operations performed, of which the following is a list : Ovariectomies, 3 ; for laceration of cervix uteri, 5 ; for laceration of perineum, 2 ; urethrotomy, internal, 2 ; urethrotomy, external, 1 ; fistula in ano, 1 ; ischio-rectal abscess with fistula, 1 ; hare lip, 1 ; epiplocele (scrotal), radical cure by excision of the omentum and sewing stump into external abdominal ring, 1 ; direct inguinal hernia, radical cure by cutting down on ring and stitching edges together, 1 ; direct inguinal hernia, Heatonian method, 1 ; complete laceration of recto-vaginal septum, 1 ; excision of lower jaw for endothelial sarcoma, 1 ; rectal ulcer, 2 ; tracheotomy, 1 ; epithelioma of lower lip, 1 ; compound fracture of both bones of fore-arm, 2 ; phymosis, congenital, 1 ; thoracentesis, 3 ; ankylosis of both knees, 1 ; amputation of thigh, middle third, 1 ; amputation of finger, 1 ; application of plaster-of-Paris jackets, 2 ; hydrocele, 1 ; amputation of breast, 4."

The great satisfaction in these operations is, that every patient upon whom any of the above operations were performed left the hospital cured, except one, upon whom thoracentesis was performed, and who died of pyæmia. No better results could possibly follow surgical practice, taking into consideration the magnitude of some of the operations.

The surgical staff of the hospital comprises some of the most skillful surgeons in the United States. Prominent among them are Prof. Wm. Tod Helmuth, Prof. F. E. Doughty and Prof. S. F. Wilcox, of our college. The other surgeons may be equally eminent, but the writer is not so well acquainted with them. In the face of these facts not a few old-school physicians have the audacity to charge that there are no surgeons in the homœopathic school, and that no surgery is taught in their colleges. But in contradiction to these charges let me state (not knowing as to other homœopathic colleges), that the advantages given the students of the New York Homœopathic College are equal to any college in the country. Through the indefatigable efforts of Prof. Helmuth to give the students every opportunity to lay a good foundation for surgical knowledge, the class is taken every month to Ward's Island Hospital to witness capital operations by himself. The class is also divided into sections of ten who visit the Hahnemann Hospital for the same purpose. These great advantages, together with the superior course of lec-

tures and the large clinics at the college, should give the students as good a knowledge of surgery as they could obtain at any allopathic college in the country. And now, for the benefit of our old-school brethren, who charge that there are no surgeons in the homœopathic school, I would like to say that a few years ago I read in a medical journal that Prof. Wm. Tod Helmuth had done more for surgery than any other one man in America.

Surgical Clinic at the College.

CASE 1.—Lizzie Steel, æt. four years, was brought to the clinic with total loss of power in one leg. She fell from a high chair when nine months old. Her parents did not recognize the effect of the fall until one year afterward, when she evinced some weakness in the limb. She was then taken to a physician, who prescribed some palliative treatment, and the patient gradually became worse, until at present the case is almost hopeless. Prof. Helmuth made an examination, and noticed the affected leg was considerably atrophied, also the power of motion was lost, with eversion of the foot. He rendered a diagnosis of fracture of the neck of the femur, with injury to the sciatic nerve, causing paralysis of the leg. A splint was ordered. Prof. Helmuth thought that by rubbing with alcohol, and the application of electricity, the limb might be restored to a slight degree of usefulness.

CASE 2.—Child six months old, presented an enlarged scrotum. On examining the case, a diagnosis of reducible-inguinal hernia was rendered, caused, no doubt, by the straining coincident with the constipation to which the child was subject. Cal. carb. was prescribed for the presenting symptoms, and the mother advised to obtain a proper truss for the child, and return in one week.

CASE 3.—Patient, æt. forty years, gave the following history connected with his case. He has been employed as waiter and cook, and was in the habit of tasting flavoring extracts, spices, etc., and judging of their palatable qualities ; he also had indulged in smoking. There

was no hereditary taint in his constitution. The object of his visiting the clinic was to have his tongue examined. Prof. Helmuth found a deep ulceration in the anterior portion of his tongue with infiltration on the under surface, which the patient said first appeared in the form of pimples eighteen years ago. The diagnosis of ulcerating epithelioma was made, and its removal advised. In the meantime, while allowing the patient to cogitate over the matter of an amputation, iod. pot. was prescribed; a small powder to be taken three times a day. The Professor then gave an explanation of the different methods employed by surgeons in removing the whole or portions of the tongue.

CASE 4.—James B., æt. fifty years, complained of a very tender lip, which originated about three years ago. He had been an inveterate smoker, and for treatment had made several applications of vaseline and court plaster. Prof. Helmuth noticed beneath the integument covering the vermilion portion of the lip a few small, round tumors resembling shot, and rendered a diagnosis of epithelioma, and advised its removal, to which the patient gladly gave his consent. He was accordingly placed on the operating table, and properly anæsthetized. A v-shaped incision, embracing the whole mass, was made through the integument and underlying tissue; and having removed the affected portion, the parts were brought together with hair-lip pins and the figure of eight suture, and the patient removed.

CASE 5.—John M., æt. sixty-two years, while following his avocation, which is paper-hanging, fell from the scaffold two weeks ago, striking on his shoulder, which caused considerable pain. He applied iodine to the injury, which gave him some relief, and not fully establishing the normal relation and condition of the parts, called upon Prof. Helmuth, who diagnosed the case as an intra-capsular fracture of the humerus, and advised the proper treatment in such cases, calling especial attention to the means of elevating the shoulder.

CASE 6.—John T., æt. forty years, showed an enlargement of the neck. The neoplasm has been growing gradually for the past three years

until it is now about the size of an orange. It causes no pain, but gives quite a little inconvenience. Prof. Helmuth diagnosed the growth as a chronic enlargement of the thyroid gland, technically arrayed in medical literature as goitre or Derbyshire neck. He mentioned other tumors of the neck which might be mistaken for goitre, but the latter may be readily diagnosed by directing the patient to imitate the act of swallowing, and if the tumor follows the motion of the larynx and trachea, and at the same time occupies the natural situation of the thyroid gland, there can be very little doubt of its nature. He also gave a brief but excellent discourse on the nature and different methods of treatment in such cases. Perhaps it would be well to mention the treatment resorted to in India by the natives, where the disease is so common. A person so affected applies a salve composed of the red iodide of mercury and lard, one drachm to the ounce, over the affected gland. He then covers his head with a cool cloth, and exposes the tumor to the rays of the sun, which causes considerable blistering, but eradicates the disease. Prof. Helmuth has treated a number of cases in a similar manner, substituting the heat arising from a kitchen range instead of the sun's rays, with marked success. The treatment in this case, considering Iodine as having a specific action on them, was to paint the part with the compound tincture of Iodine, and take three gts. of the 2 dil. of Iodine in a tablespoonful of water three times a day, and advised to return in two weeks.

CASE 7.—Wm. R. presented an enlarged and inflamed index finger, which was causing considerable pain. From the appearance and symptoms Prof. Helmuth diagnosed it a paronychia, and accordingly an incision was made to the bone and with the use of the probe, the bone was found to be affected. The patient was advised to apply a poultice and change it once in three hours, with Cal. Carb. administered internally.

CASE 8.—John F., æt. eighteen years, was undergoing the difficulties connected with a stiff (elbow joint), caused by an injury twelve years ago. The arm was atrophied from the long continued

immobility of the joint, and a number of abscesses were prominent in that locality. The trouble was found to be spurious ankylosis with necrosis and caries of the bone. Resection of the joint was advised, and in this case, as well as in all others treated by Prof. Helmuth, the patient was left to meditate and decide as to whether or not he would enter the Hahnemann Hospital and have the operation performed.

Obstetrics.

The Obstetric Forceps.

ITS HISTORY AND PRESENT STATUS IN OPERATIVE MIDWIFERY. BY PROF. L. L. DANFORTH.

(Concluded.)

THE oft-quoted statistics of the frequency of the use of forceps in the Rotunda, under Dr. Johnston, must again be utilized to make this history complete. To Dr. Johnston undoubtedly belongs the credit of having brought the forceps into more frequent use than had ever previously been the case. "From November, 1868, to November, 1874, 7,027 deliveries were recorded, and the forceps were used in no less than 639 cases, or about one in eleven, with only thirty-nine deaths." In the last year of Dr. Johnston's Mastership the forceps were used in one in nine cases. During the entire period of seven years the operation of craniotomy or cephalotripsy was resorted to in only twenty-nine cases. In this country the change in the practice of the leading accoucheurs has kept pace with that of their transatlantic brethren. Professor Fordyce Barker* says: "I have no hesitation in saying that in my private practice during the past twenty-five years, I have used the forceps in one case in fifteen. For the last ten years my average has been one in every twelve cases. I have never in a single instance had occasion to regret their use; but when reviewing my cases at the termination of labor, I have often felt that I should have done better if I had used the instruments at an earlier

period of labor." Among those who have led professional opinion in this country may be cited the late Professors Hodge and Meigs, of Philadelphia, and the late Professors Bedford and Elliott, of New York. To them we owe much of our present knowledge, both in the line of improvements in instruments and in a knowledge of correct principles of their use. It is not my intention to expand my subject to the inclusion of the study of the merits of the different varieties of instruments—that would lead us far beyond the limits of this occasion. But it may not be out of place to say, in passing, that of all the different varieties of forceps in use, and advocated by different physicians in this country at the present time, all are modifications of two or three different types which stand out preëminently as the most approved that we now possess in their respective spheres. As the representative of one type may be placed the long forceps of Professor Hodge, designed to be adapted to the sides of the child's head in all possible cases; of the other, those of Simpson, of Edinburgh, or their modification, by Elliot, which may be applied either in reference to the sides of the mother's pelvis or to those of the infant's head. The different varieties of forceps which may be seen displayed on a table before me represent some curiosities in obstetrical forceps which will be well worth your inspection. The Hodge, Simpson and Elliot forceps may here be seen, and also a specimen of the latest and most important contribution to the obstetric armamentarium—the Tarnier forceps as modified by Professor Lusk, of New York city. This latter instrument will receive more extended mention when we come to speak of the application of instruments to the different conditions which require them. Let us turn our attention to the considerations of a few practical questions connected with this subject. In the first place, At what period in labor is the use of the forceps indicated, and what are the symptoms showing the propriety or necessity for their application?

The answer involves some of the most important questions of our daily practice. So much depends upon the condition of the woman as regards her tolerance of pain and the condi-

* Loc. cit. p. 7.

tion of her general health when she enters upon the parturient process, that a general rule cannot be formulated. It has been said, and that with truth, too, that labor is a physiological process and nature should be able to complete her work without artificial aid. What nature ought to be able to do and what she really does under the various circumstances of life are two very different conditions. Nature in her primitive state, with none of the functions of physical life impaired by the enervating influences of civilization may be, and usually is, entirely adequate to the task imposed upon her. But how rarely do we see nature thus displayed! Her laws are so frequently violated; inheritance, education and habits of life are all against the complete working of her powers. In the performance of so exacting a function as the process of labor, we cannot expect that she will be always equal to her work. The strain that is put upon the physical and nervous organization of woman during an ordinarily severe labor is something enormous. No other effort of life demands such extraordinary powers, and this too after a prolonged period devoted to the growth and sustentation of the new being which has developed within the maternal body. Tyler Smith struck the key-note of this subject when he wrote in 1849, that "When women die from prolonged labor death occurs not merely from exhaustion caused by physical suffering, but from the exhaustion caused by the strong muscular contractions of the uterus and its associated organs. The discharge of the *vis nervosa* and the *vis insita* in the muscular contractions of each pain has a depressing effect quite distinct from and independent of the mere painfulness of each uterine action. Each of the great contractile efforts of labor has an exhausting effect, but when more severe or continued longer than usual, each returning pain is a distinct shock. A woman insensible to pain may still sink and perish from the spinal shock of labor."

Art should have for its object the prevention of all unnecessary pain, the conservation of the maternal forces, and the preservation of foetal life. Meddlesome midwifery is unquestionably bad, but prompt action, ready and sufficient in-

terference when help is called for, is equally good. The experienced accoucheurs whom we have quoted as employing the forceps so frequently were not men to interfere with nature's methods so long as she was adequate to her work. The results which they and others who have followed in their footsteps have attained have been accomplished by observing closely nature's plan, and exercising their powers when she proved unequal to the task. The element of time in the determination of the period when action is necessary is extremely uncertain. Conditions only should be our guide. Maternal states which called for the employment of forceps in the minds of the older writers, and which rendered them so unsatisfactory when they were used, should never be allowed to occur.

Robert Barnes says: * "*Arrest or delay in the second stage of labor*, from whatever cause, is a source of danger to the mother and child. The procrastinating school insists upon the dogma that we should wait four, six, or more hours from the commencement, or after an ear is felt, before interfering. This course is full of peril. Whilst we are waiting the woman is suffering—suffering needlessly; her nervous energy is being used up; she is drifting into exhaustion." Dr. G. Hamilton, † of Falkirk, Scotland, also says: "Delay in the second stage is eminently a case for help as soon as it is clearly ascertained that the natural powers are not efficient." The principle which I wish to inculcate is that the *symptoms* indicative of *dystocia* or unduly prolonged or difficult labor should not be permitted to occur. Their existence is indicative of an already too prolonged labor. These symptoms are: Anxiety, restlessness, tenderness in pressure upon the uterus; the uterine contractions are short and have a wearing, irritating effect upon the system; "they do no good" and do not advance the labor. The patient dreads their return and instead of aiding by the exercise of the voluntary muscles the effect of the contractions, she withholds her powers and grows more exhausted.

* Obstetric Operations, p. 99.

† *Edinburgh Med. Jour.*, 1861.

The pulse rises and maintains a high rate during the intervals of uterine contractions; the skin becomes hot and dry, or there may be profuse perspiration. The urine is high-colored and scanty and vomiting supervenes. This last is an especially ominous symptom. If in addition to these general signs we observe great heat, dryness and tenderness in the vagina, stationary position of the fœtus and increasing tumefaction of the scalp, we may be sure that the case demands relief. I maintain that on the first hint of any of the above symptoms, the physician should at once institute measures to discover the cause of the delay, and adopt measures for its relief. The second stage of labor ought to be a steadily progressive process and in its typical aspect each pain ought to have a decided effect in expelling the child. No fact in midwifery seems better established than that the dangers of childbirth bear a certain relation to the length of the second stage of labor, and that it matters comparatively little what the period of the first stage may be provided that the second stage, when the child's head has passed through the pelvic brim, is not unduly prolonged. If the conviction that early and judicious employment of the forceps is not yet sufficiently impressed I will draw your attention to one more historical fact, viz.: that when labor did not exceed sixteen hours, and the forceps were employed once in 26 cases in the hands of Dr. Philip Harper, *only one in 1,490* mothers were lost, while under Collins in the Rotunda hospital the forceps were used only once in 694 cases, average duration of labor 38 hours, with a mortality to the mother of one in 329. Notwithstanding the facts and reasonings thus far developed, all of which point with no uncertain meaning to the great usefulness of the forceps in the cases which call for their application, I would not leave the impression upon your minds that these instruments are ever to be employed except in those instances where their use is clearly indicated for the relief of threatened or existing unfavorable symptoms and conditions. The language of Prof. Lusk on this point is full of wisdom. He says: "Whether the ease with which forceps can be applied at the outlet and

the safety which attends its employment justify its use as a means of saving the physician's time, or the patient from an additional half hour of suffering, are questions which are at least debatable. I can only say that, with increasing experience, my own practice has grown more and more conservative, and my own belief is that true wisdom requires us to abstain from even trivial operations so long as Nature is able to do her work without our assistance." Mark the words "*able to do her work!*" That is the point where the nicest discrimination and judgment may be exercised, and the decision of this question turns the scale on the side of performance or non-performance of this operation. But remember this principle: Prolonged delay is productive of greater evils, to both mother and child, than too early, or unnecessary operative interference. If you must err, do so on the side of least harm to lives under your hands. The physicians who practiced in the first half of this century erred, as we have seen, on the side of procrastination. They attributed the dire results of excessively prolonged labor to the operation which they finally and reluctantly undertook for its relief.

At the present time the various forceps operations which are practiced may be classified under three heads in accordance with the arrangement of Robert Barnes.

1st. The head of the child is fully within the pelvic cavity. This is called the *low operation*.

2d. The head of the child is partly engaged in the pelvic brim. This is the *medium operation*.

3d. The head of the child is arrested on the pelvic brim, or only slightly engaged. This is the *high operation*.

Let us turn our attention briefly to some of the conditions which render the low operation essential. First, there may be entire cessation of uterine action. This is not uncommon in weakly, debilitated women, whether the labor be prolonged or not, and quite as often in primiparæ as in multiparæ. Barnes, in his "Obstetric Operations," describes a source of delay when the head is in the cavity of the pelvis, from a persistent *capping* of the head by the anterior cervical lip. As is well known, in primiparæ,

the head of the child often lies low in the pelvis even before labor begins; when it does so the anterior lip upon which it rests may act as a perfect cap or hood for the head, being drawn tightly over it, with the os looking directly back toward the hollow of the sacrum. This condition may require the application of the single blade, acting as a lever, or perhaps the employment of both blades, to relieve the impediment. Again, *before rotation is complete*, there may be *arrest of uterine action*, with *resulting fixation* of the head in an oblique or transverse position, especially if there is any disproportion, relative or absolute, between the head and pelvis. In *occipito posterior* positions of the head, traction with the forceps may be necessary to bring the head to the floor of the pelvis. From this point onward the delivery by rotation of the head may be entrusted in most instances to nature alone. The forceps may again be required in cases of *pendulous uterus* in which the contractile and expulsive efforts are misdirected or inadequate. *Undue rigidity of the soft structures* of the uterovaginal canal may offer an obstacle to the steady advancement of the head. This is most apt to occur in primiparæ, and tends towards exhaustion of the patient. Relief may be demanded in the interests of both mother and child.

In *head last labors*, after ineffectual attempts at manual extraction, the forceps may become necessary. Their employment has received the endorsement of Barnes and Tarnier, while Busch, of Berlin, attributes the success attained by himself in turning to the use of the forceps. In forty-four cases in which turning was resorted to, and the after coming head delivered by the forceps, three only of the children were lost.

The *medium operation* may be demanded for many of the conditions which call for the low operation, such as arrest of driving force, imperfect dilation of the cervix; slight disproportion between head and pelvis, and in some face presentation.

The *high operation* may be required for minor degrees of contraction of the conjugate diameter of the brim. When the conjugate diameter is reduced to three and three-quarter inches, the forceps may be efficient, but unless the head is

small the operation of version is preferable. Deficient uterine action, or misdirected driving force on account of non-conformity of the uterine axis with that of the pelvic inlet. Forceps at the brim may be required also to relieve the mother from the dangers of hemorrhage in placenta previa. This is a procedure which has received the sanction of high authority, and is an entirely legitimate operation, even when the os is only partially dilated. The application of the forceps is imperative in all cases of antepartum convulsions as soon as the os uteri is sufficiently dilated, either spontaneously or artificially by dilators. By conforming to this rule we may often save a foetal life at the same time that the tendency to eclampsia is lessened.

In thus defining the sphere of usefulness of the forceps in accordance with accepted opinions of the present day, I do not forget that there are alternate methods applicable to some of the conditions noted above, such as version,—and the administration of medicines for the increase of uterine action, when this is defective, and for the regulation of the perverted or disordered forces of the system. These are all subjects of great importance, and worthy each one of them of a separate study. The marvelous results that may be obtained on the administration of the indicated homœopathic medicine in regulating pain, lessening hypersensitive conditions of the genital canal, overcoming a bad *morale* or mental state incompatible with the harmonious action of the nervous system, are worthy a place beside any other method of practice, and should always be thought of and given their appropriate place in comparison with other means.

Nor will time permit me to dwell upon the evils which result from procrastination in the employment of a positive instrument like the forceps when its use is called for. The mere mention of such conditions as vesico-vaginal fistula, sloughing of the vagina, and like unfortunate states will be sufficient to show the direction of my thought.

There are two points which I must insist upon before closing this already too long address, and these are, first, a perfect appreciation of the cause of delay, and second, when forceps opera-

tions are required, positive knowledge as to the exact position of the foetal head and an appreciation of the relations which exist between the diameters of the head and those of the canal through which it must pass. These rules should be observed in all cases of forceps delivery, but the higher the head in the genital tract, the more important does the injunction become. In the *high operation* success cannot be obtained without obedience to these rules. Finally, in all your efforts to liberate the head of the child from its position in the parturient canal, remember that you can do so, with the least injury to the maternal structures, by observing as closely as possible the processes which Nature adopts in the fulfillment of her functions. An accurate knowledge of the anatomical formation of the bony pelvis, and the soft parts contained therein, is said by Playfair to be the very alphabet of Obstetrics, without which no one can practice midwifery, either with satisfaction to himself or safety to his patient. To this fundamental knowledge may justly be added the mastery of the mechanism of delivery. All operations should be based upon a knowledge of the position of the head, and the evolutions it should make in its passage through the pelvis. With this knowledge and the very useful instruments which we possess at the present day, you will be able to accomplish the greatest good to the patient whose life and future well-being is intrusted to your care.

Communications.

THE sailor who writes this letter became converted to homœopathy by the cure wrought by what he terms Carbo. Veg. But, of course, the remedy he resorted to was by no means Carbo. Veg., and the cure was due to mechanical effects of coal :

To the Editors of THE CHIRONIAN :

If an article sent to you by a layman, who used to be a sailor, is acceptable, print it in your journal ; if not, the waste basket stands convenient to receive it.

In the year 1863 I left Akyab, a town about 200 miles south of Calcutta, in India, via Singa-

pore to Hong Kong, in a German vessel, the *Herzog Ernst*, as sailor before the mast.

After leaving port about three days I was taken with a diarrhoea of a terribly offensive character. I got so weak in a few hours that I was not able to move hand or foot. The sailors carried me on deck, as they could not stand the odor, and laid me on a mattress in the forward part of the vessel.

The captain read through the "Medicine Book" carried on all ships, and ordered me rice-water to drink ; but it had no good results, as I was getting worse hour by hour, and I was sure that my hour had come to ship for the long voyage.

While I was lying in this condition my thoughts naturally turned to home—my father and mother, thousands of miles away, how they would feel when they heard of the death of their boy—died at sea and buried in the Indian Ocean. I was also thinking of the neighbors who, when a boy, used to be kind to me. All at once a circumstance that happened shortly before leaving home struck my memory. Our neighbor was a shoemaker who had two pigs, of which he was very fond, as he used to take them into the street evenings and make them follow him by giving them small pieces of bread at intervals. One evening while he was showing the nice, round pigs to his neighbors a coal-cart passed by, and a few small pieces of coal falling out, the pigs followed the cart instead of their owner, and devoured the coal as fast as it fell out.

The shoemaker naturally thought that coal was a delicacy for them, as coal was not much used in our part of the country, the people burning wood and turf. So he bought a bushel of coal and placed it where the pigs had free access to it.

A few days afterward he came rushing to our house and told my father, with tears in his eyes, that the pigs were dead.

My father took me with him to his house and, on opening the belly of one of the pigs, found the intestines full of a black substance resembling coal, made up into putty, and as hard as a stick, there being no possibility of a passage from the bowels.

Now, while lying on the deck of the ship I considered in my mind, if coal taken in large quantities will stop up the bowels of a pig, why should it not stop the diarrhoea of man when taken in smaller doses.

I, therefore, begged of the cook, who thought my mind was wandering, to break some coal into small pieces, so that I could swallow it. He did so, and to my great delight the diarrhoea ceased, I began to feel better, got well, and have never seen a sick day since.

I should not be surprised but I had the real Asiatic cholera, cured by *Carbo Vegetabilis*.

Exchanges.

VOL. I., No. 1, of the *Medical Institute* lies before us. We welcome it to our table and wish it long life and a full measure of success. Published monthly under the auspices of the Hahnemannian Medical College of Philadelphia and edited by a staff of college students, it promises soon to win a name and a place for itself. The first number contains, among other interesting matter, an article from the pen of Prof. L. L. Danforth. The Hahnemannian Medical Institute is certainly an organization possessed of no little energy and ambition. Not content with its new lecture course, it now founds a new journal. The college spirit must be strong in the "Hahnemannian," and is bearing its legitimate fruit. There are some colleges in the land where the majority of the students are so engrossed by private affairs that they have no time to devote to public interests. We commend to their consideration the example set by the students at Philadelphia. THE CHIRONIAN extends the right hand of fellowship to the *Medical Institute* and trusts that its path may be most pleasant.

THE *Century* for February is as entertaining as ever. An excellent portrait of Gen. Geo. B. McClellan opens the number. Mr. Howells begins his new serial, entitled "The Minister's Charge." George W. Cable describes "The Dance in Place Congo" in his accustomed lucid

style. Mary Halleck Forbes's novel, "John Bodewin's Testimony," increases in interest as it progresses. "Preparing for the Wilderness Campaign," by U. S. Grant, is one of the features of the magazine. Gen. James Longstreet describes "Our March Against Pope." The remaining departments are well sustained, and the number as a whole is above the average.

Book Notices.

The Value of Vaccination. A Non-partisan Review of its History and Results. By GEORGE W. WINTERBURN, Ph.D., M.D. Philadelphia: F. E. Boerckel. pp. 182.

AT this time, when small-pox, completing its deadly work in Canada, has passed the boundary line and has appeared in all its foulness and malignity in many centres of populations in the United States, the efficacy of vaccination as a protection from the disease becomes of vital interest to the public. The value of vaccination has never been universally admitted. Since its invention in 1798 by Jenner, it has been vigorously but vainly opposed by many learned and influential men. Statistics have been sought and facts and figures have been arrayed to show the utter futility of introducing the specific virus into the system. But, in the main, that vaccination protects against small-pox has been accepted as a medical fact, and the great majority of physicians both teach and practice it. But because a theory is received as true and remains unquestioned for a time, is by no means conclusive evidence as to its truthfulness. Facts discovered which militate against it must be duly weighed and considered. Dr. Winterburn, in his book, gives the history of vaccination, its rise as a medical dogma, its effect on the human subject, treats of the origin and nature of vaccinal virus and the methods of vaccinating, and devotes considerable space to a discussion of the extent of the protection afforded by vaccination. The book is an argument against vaccination. The author concludes that the operation is worse than useless. The book is readable. It is concisely and clearly written. It contains a vast amount of information, but it

requires some stretch of the imagination to term it absolutely "non-partisan."

Therapeutic Key. By J. D. JOHNSON, M.D. Fifteenth edition, revised, improved and enlarged. Philadelphia: F. E. Borecke. pp. 306.

BOOKS of this class must be kept within a certain compass to be useful; and it is for this reason, no doubt, that the paper employed is so thin as to be almost transparent. Yet utility is not the only factor to be considered in the making of books, even of hand-books of medicine, and it is a pity that so much was sacrificed in appearance and make-up simply to secure a certain size. For the rest, the "Key" is greatly improved. Nearly one hundred pages of new subject matter have been added to the text, and much has been re-written. Among the new subjects introduced are the Sick Room, Ventilation, Disinfectants, Fumigation, Diet, Dietetic Preparations, Artificial Digestion, Peptonized Food, Water as a Remedial Agent, Calaplasms, Enemata, Antiseptic Dressings, Emergencies, etc. Also articles on Post-Mortem Examinations, Medico-Legal Autopsies, Inspection of Dead Bodies, Death of New-Born Infants, Medico-Legal Questions—Was Child Matured? Was it Born Alive? etc. A valuable feature of this new edition is the addition to each chapter of Auxiliary Measures in the treatment of many diseases. It will, no doubt, meet with an extended sale.

College Notes.

THE agony draweth near.

MOSELY, '85, gave us a glimpse of his blonde moustache, February 24th.

DR. H. J. PIERRON has removed to 281 Putnam avenue, Brooklyn, N. Y.

DR. J. A. STEWART, '85, of 546 Bedford avenue, Brooklyn, made us a brief call last week.

DR. ALONZO M. HAIGHT, '79, located at White Plains, called a few moments at the college last week.

"A LITTLE slumber now and then
Is relished by the middle men"—
especially T——r.

WE were pained to hear of the death of Dr. E. F. Hincks, '67, at Hyde Park, Mass., father of M. S. Hincks, '84, of Webster, Mass.

WE are sorry to hear of the very serious illness of Dr. R. F. Licorish, '81, who has been spending the past year in special study in this city.

DR. M. M. ADAMS, '85, who has been practicing in this city, and who held a clinic in the College Dispensary, has lately located in St. Albans, Vermont.

DR. A. P. SHERWIN, '85, who is practicing in Canton, N. Y., writes that he appreciates THE CHIRONIAN, and asks for more of the indications for the lesser drugs.

"I WOULD feel as if I were guilty to let a patient die with Diphtheria, Membranous Croup or Capillary Bronchitis without using the steam atomizer."—DOWLING.

THE Homœopathic Mutual Life Insurance Company, of which our Emeritus Prof. E. M. Kellogg, M.D., is President, has removed its offices to 117 West Forty-second street.

THE Lambert Pharmacal Co., of St. Louis, whose advertisement appears for the first time in this number, having been just too late for insertion last time, will be found a pleasant firm to deal with.

HANDSOME E. H. Rice, '83, located at Springfield, Mass., made a friendly call at his Alma Mater a few days ago, and looks as dignified as he used to when assistant to Prof. Helmuth in the surgical clinics.

DR. C. F. STERLING, assistant to the chair of Otolaryngology and assistant surgeon to the Ophthalmic Hospital, has removed to Detroit, Mich., to take the practice of Dr. D. J. McGuire, who was compelled to go south on account of ill health. We wish him success.

A LARGE club order for the "Physician's Visiting Lists and Combined Daybook and Ledger," as published by Joel A. Miner, of Ann Arbor, Mich., has been sent by our men, and we feel it is but just to add that all who ordered were very much pleased with the books received.

At last the natural hungry look of S—— and F——, of the Middle Class, is to vanish. March 18th is the date, and Martenelli's is the place where they will be fed. The rest of the Class of '87 dine there the same time, and we trust none will have symptoms "Hydrastis dyspepsia" as a consequence.

At an election held by the staff of the College Dispensary, of which Prof. Dowling is superintendent, Dr. C. W. Cornell, '77, was chosen President, A. W. Palmer, '83, Vice-President, and C. S. Macy, '81, Executive Officer and Secretary. Drs. Teets, '84, and McFarland, '85, are visiting physicians to the Dispensary.

DR. J. B. ROBINSON, '69, who has suffered for a number of years from cerebro-spinal meningitis, followed by spinal anæmia, has so far recovered that he was able to call upon some of his classmates at the Ophthalmic Hospital. For eight years he was not able to move from his bed, and all his old friends at the hospital were congratulating him upon his recovery.

THE usual hearty applause that greets the entrance of Prof. Helmuth at his Wednesday afternoon clinics was redoubled when it was seen that he was followed by Assistant Surgeon C. W. Cornell, who was so far recovered from his recent severe illness as to be able to be present. Considering his extreme condition at one time, his recovery has been most remarkable. Please accept our very best wishes.

CUSHION throwing in our College is at last a thing of the past. Aside from being forbidden under a new prohibitory law by the Faculty, it has recently received a death blow by the popular will of the students. This was rather freely expressed at the last meeting of the Hahnemannian Society.

Gentlemanly deportment is one of the secrets of success in student life, as elsewhere; and although a certain amount of jovial relaxation must be indulged in between lectures, it is rather unnecessary to call the ever ready cushion into play.

WE are pleased at the prompt action taken by the soon-to-be-Senior Class in regard

to the management of THE CHIRONIAN for the following year. We present the list of editors duly elected:

E. D. FITCH, Managing Ed.	C. SCHUMANN, Pædology.
J. J. RUSSELL, Surgery.	A. C. STEWART, Obstetrics.
S. JACOBUS, Practice.	M. J. ADAMS, Coll. Notes.
A. T. THAYER, Materia Medica.	G. M. SMITH, Business Manager.

Aside from these men each lower class will appoint one man as Assistant Editor to College Notes, which will relieve that editor somewhat, and the Middle Class will also name the Assistant Business Manager.

NOTHING pleases the members of the Senior Class more than to find the lecturer of the hour ready for a "quiz."

The reasons are numerous:

First, the student discovers the difference between "knowing a thing and telling it." Also, he finds out, if he fails, where he should apply especial study. Again, he follows the answers given by others more closely than he would any lecturer and learns much thereby. He appreciates, also, the brief respite from the arduous duty of note-taking; and, lastly, there is a genial spirit of friendly interest manifested in an informal quiz, that tends to unite in closer sympathy and warmer coöperation the life and labors of student and professor.

THE condition of the mind of the medical student as the dreaded time of the final examination draws near is something similar to the delectable medley composing the witches' broth described in Macbeth, in which "eye of newt, and toe of frog, wool of bat, and tongue of dog, adder's fork, and blind-worm's sting, lizzard's leg, and owlet's wing," and many other as dainty viands were contributed "for a charm of powerful trouble." So feels his poor head, into which with ceaseless chant have been thrown scraps of anatomy and histology; the bloody elements of physiology; the dry bones of anatomy and surgery; and the hidden minerals, dangerous reptiles and poisonous herbs of the materia medica, as

Round about the cauldron go;
In the endless lectures throw.

Societies.

WE are pleased to acknowledge the receipt of the programme of the second annual meeting of the Southern Homœopathic Medical Association, to be held at the University of Louisiana, New Orleans, Wednesday and Thursday, March 10th and 11th, with a possible continuation on Friday if necessary. From the length and variety of the papers to be presented and discussed we feel certain that all this time will be needed. THE CHIRONIAN sends its greeting, and wishes homœopathy in the South a glorious future.

The American Institute of Homœopathy.

THE General Secretary has the pleasure to announce to the members of the Institute and to the profession generally that the next session of this great national and influential body of physicians will convene at Saratoga Springs, N. Y., the last Tuesday (29th day) of June next, at ten o'clock A. M., and continue in session four days or longer, should the interests and business of the Institute require. The local committee of arrangements has contracted with the proprietor of the "Grand Union Hotel" (in one of the large parlors of which the meetings will be held) to entertain the members of the Institute and others who may attend the meeting at reduced rates and in a style unsurpassed. The reasonable anticipation of an unusually large attendance has alone enabled the committee to secure the advantages obtained. It is confidently hoped that its liberal arrangements will be appreciated. In addition to the attractions of the place, the national reputation of the *hotel* and the favorable time fixed for the meeting, the other inducements to attend this great conclave should not be underrated. The various bureaus (fourteen in number), embracing every department in medical science and art, are fully organized and resolved to present original and valuable reports. Ample time will be given for a full discussion of these reports, which will contribute largely to

the interest and value of the proceedings. A programme of the order of business and a circular giving all possible information in regard to hotel rates, railroad fares, entertainments, etc., will be issued about the first of June.

Blank applications for membership can be obtained from R. B. Rush, M.D., Chairman of Board of Censors, 120 Main street, Salem, Ohio, or of the General Secretary, 960 Penn avenue, Pittsburgh, Pa.

J. C. BURGHER,
General Secretary.

American Obstetrical Society.

THE third meeting of this young and exceedingly prosperous society was held February 25th at the New York Ophthalmic Hospital. A long and interesting programme was presented, including the election of some thirty new members, who are from localities widely scattered from Massachusetts to Oregon, showing the national character of the association. The first paper presented was by the venerable Dr. Reuben C. Moffat, of Brooklyn, upon the subject of "Menstruation and the Ovaries," in which he presented in a summary manner the different current opinions held by various authors on the source of the menstrual discharges, and their relation with the process of ovulation. Although the weight of testimony is against the belief, he entertained the opinion that—1st. Menstruation and ovulation were *not* inseparably connected. 2d. That ovulation did *not* produce the changes incident to menstruation; and, 3d. That menstruation could and frequently *did* exist without any influence from the ovaries—i. e., after their complete removal. To sustain these positions he brought a host of clinical cases occurring in his own and others' experience, in all numbering some two hundred, where menstruation had continued uninterrupted after double ovariectomy.

Prof. W. O. McDonald took issue with Dr. Moffat and related a number of cases tending to prove an opposite condition of affairs, and stating among other things that he did not think there was recorded an instance "where menstruation had ever existed in a woman who had not

some time in her history had an ovary or ovarian tissue," and also thought that "menstruation and ovulation could not be separated."

Dr. Moffat further said that as the ovaries contained so many thousands of ovules he thought it was quite probable they were being continually thrown off, but at the menstrual epoch the mucous membrane of the uterus was especially prepared for their reception, and hence pregnancy at that time was more probable.

A paper on "Laceration of the Perineum and its Repair" was next presented by Dr. L. A. Phillips, of Boston, Mass., in which many practical points presented themselves to our student minds.

He spoke first of the prophylactics that the patient may make use of to produce a normal and easy labor, as such a labor rarely causes laceration. Recommended the free use of milk, fruit and cereals as a diet, with abstinence from meat, with active exercise and an abundance of sleep in the puerperal months.

Thought Cicicifuga and Pulsatilla valuable remedies in the later months.

Would not try to protect the perineum, but rather help its dilation.

Did not think that forceps properly applied would cause laceration, or that the birth of the head caused it as frequently as the shoulders.

He then spoke of the methods and time for repair, and thought these varied in different cases. He had always found catgut or silkworm ligatures to answer every requirement.

The discussion of this paper was opened by Dr. W. A. Allen, of Flushing, N. Y., who said that the old style method of supporting the perineum was a fallacy. He also thought that flexion should be encouraged as a preventative of laceration.

This was followed by Prof. McDonald, who gave as his experience that catgut or whale tendon even, did not last long enough, and preferred silver wire. He believed there were very few labors at full term without accompanying laceration, and that in eight out of every ten cases it was caused by the head.

Prof. S. F. Wilcox was well satisfied with the

results he had obtained from the use of a large-sized whale tendon suture.

He related one case where the patient was imprudently permitted by the nurse to leave her bed the fifth day, and yet there had been a perfect result.

Prof. Danforth said everything should be done to prevent the too rapid emergence of the head, especially at the height of a pain; that flexion of the head should be aided, and all the space under the pubes should be utilized.

If forceps are employed they should be removed before the emergence of the head.

"The Newer Methods in Breech Presentations," was the title of the next paper, by Dr. C. M. Conant, of Orange, N. J. This was a carefully arranged and exhaustive production, giving the best methods of former times and the experiences of the best operators of the present.

Bringing down the extremities and moderate traction was thought to be the best method for both the mother and child.

Dr. Robert McMurray, of New York, said that it was unnecessary, he had found, to bring out both feet at the start. If one was obtained, the other would follow.

The next paper was read by Dr. H. I. Ostrom, of New York City, upon the important subject of "The Puerperal Breast," in which the writer gave a detailed description of the etiology, pathology and symptomatology of the diseases commonly affecting this gland, and the different means of prevention and treatment.

On account of the lateness of the hour, the last paper of the evening—which promised to be very practical—on "Vaginal Injections during the Puerperium," by Dr. G. W. Winterburn, was omitted. The next meeting of the Society will be held in April and the annual meeting in June; this latter will be at Saratoga, N. Y.

E. E. K.

AN agricultural paper says: "No animal can fight and eat at the same time." Evidently, the editor has never seen a traveler at a ten-minutes-for-lunch-stand.